

Early Intervention Fact Sheet

Research has begun to verify the notion that money and effort spent early in the life of a family may result in more effective prevention, yield more positive outcomes, and ultimately cost States and communities less.

Early intervention includes such strategies as screening, assessment, referral, and treatment of youth at risk for substance abuse and related risk factors; home visitation; early education (e.g., Head Start); student assistance programs; employee assistance programs; and treatment and counseling services. Early intervention often focuses not only on the mother-child interaction and the needs of the child, but also on the psychological needs of the mother, especially her sense of mastery and competence. It can also address the life situations and stressors that can interfere with parents' positive adaptation to pregnancy, birth, and the early care of their child.

Some important findings about the effects of early intervention come from research on juvenile crime and delinquency, which has implications for substance abuse prevention as well. Studies find that while the more troubling risk factors may become evident after children reach adolescence, the most chronic and serious offenders often show signs of antisocial behavior as early as the preschool years.

Early Intervention Strategies are more likely to be effective if they do one or more of the following:

- Target families considered at risk for using, or who are already using, alcohol, tobacco, and other drugs
- Include skill-building components for both parents and children
- Identify and build on the strengths of the family
- Offer incentives for participation
- Strive to be culturally appropriate
- Address the relationship between substance abuse and other adolescent health issues

Early Intervention Illustration

An Effective Program Teaches Children a Problem-Solving Approach to Guiding Their Behavior and Resolving Their Differences

I Can Problem Solve (ICPS) at MCP Hahnemann University in Philadelphia, Pennsylvania, was developed by Dr. Myrna B. Shure. It is both a preventive and a rehabilitative program to help children from preschool to grade 6 resolve interpersonal problems and prevent antisocial behavior. Specifically, ICPS focuses on impatience, aggression, over-emotionality, and social withdrawal. The program has been extensively evaluated.

“We have found that it makes a difference when children are involved in the process of thinking about what they’re doing, as opposed to receiving demands, commands, even suggestions, even explanations,” says Shure. “Instead of the adult doing all the talking and all the thinking for the child, the child is doing the thinking, with guidance from adults.”

ICPS is available for three levels: preschool, kindergarten and primary grades, and intermediate elementary grades. Initial lessons focus on defining vocabulary and making sure that children understand specific words, terms, and concepts. To do this children may play games but the games also teach them basic vocabulary that will help them later on to settle disputes. For instance, children learn the word pair “before and after.” They may play games with the words, making up funny examples they like, such as, “I cannot brush my teeth *before* I get out of bed in the morning.” Once they’ve mastered the meanings of

the word pair, they can begin to apply the ideas of “before and after” to disputes that occur—such as when a teacher asks, “What happened before Peter hit you?” (instead of the more traditional question, “Peter, why did you hit Luke?”). Peter now connects the word “before” with the fun he had with the word, and he’s more likely to answer the question.

ICPS, while it concentrates on concepts, cognition, and reasoning, also focuses on children’s feelings, helping the children see connections between feelings and actions and thus changing how they act. Observers of the program see that the children, overall, become much calmer and quieter, and that the classroom environment becomes a more understanding and peaceful environment for learning. Evaluations showed that a year of training was effective in enhancing both cognitive problem-solving and behavioral skills. Children in the program, compared to a control group, showed fewer high-risk behaviors, improvement in pro-social behaviors, and better test performance (suggesting that children whose behavior improved could concentrate on the task-oriented demands of the classroom).